


DENTAL BOARD OF CALIFORNIA

1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241

Telephone: (916) 263-2300

Fax: (916) 263-2140



APPLICATION FOR EXAMINATON FOR LICENSURE TO PRACTICE DENTISTRY

FIRST NAME

MIDDLE NAME

LAST NAME

(Print or type full name)

INSTRUCTIONS TO APPLICANT

Instructions for completing and filing this application are enclosed with the application. Please read carefully. Incomplete applications will be returned to the applicant and a space will not be reserved for the requested examination. Fees and proof of insurance must accompany application.

Application Fee:	\$100.00
Examination Fee:	\$450.00
Fingerprint Fees:	\$ 56.00

FEES ARE NON-REFUNDABLE

For Official Use Only

License No. _____

Issue Date _____

FOR OFFICE USE ONLY

Receipt No. _____ RC No. _____

Fees:

Application _____

Examination _____

Fingerprint _____

Date Cashiered _____

Checked by: _____ Approved by: _____

National Board Reference No. _____

FP _____ Date _____

Examination site _____ Date _____

Confirmation sent on _____

Waiting List Confirmation Sent: _____

Please Print or Type Legibly

1. Legal Name:	LAST	FIRST	MIDDLE	Social Security Number
2. List other names you have use: (If change was made by court order, attach a CERTIFIED COPY)				
3. Address:	CITY	STATE	ZIP CODE	
4. Mailing Address:				
5. Birthdate:	Telephone No. Residence – Area () Business – Area ()			
6. Physical Description:				
Height:___ft, ___in. Weight:___Lbs. Hair Color_____ Eye Color_____				
7. Preferred Examination Site: Select number order of preference for June exams only (place an X over the number)				
<input type="checkbox"/>	Los Angeles – U.S.C.	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	Date _____	
<input type="checkbox"/>	Los Angeles – U.C.L.A.	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	Date _____	
<input type="checkbox"/>	Loma Linda – L.L.U .	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	Date _____	
<input type="checkbox"/>	San Francisco – U.C.S.F.	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	Date _____	
<input type="checkbox"/>	San Francisco – U.O.P.	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	Date _____	
8. Do your religious beliefs preclude you from being scheduled on Saturday or Sunday for Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify date _____				
9. Do you require any special accommodation for testing based on a certifiable physical disability or medical condition? Yes No If so, contact the Board for a “Request for Accommodation” form. <input type="checkbox"/> <input type="checkbox"/>				
10. (a) Have you ever been licensed to practice dentistry in any other state/country? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the following information:				
State or Country	License Number and Date of Issue	Nature of Practice and Address	Dates of practice in Issuing Agency’s jurisdiction.	
			From (Mo/Yr)	To (Mo/Yr)

(b) An Out-of-State/Country form must be completed by the state(s) or country in which you are licensed. (This includes expired licenses as well)

15. Has any disciplinary action ever been taken regarding any dental license which you now hold or have ever held? Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service, or other U.S. federal government entity.				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details below:				
State	Date	Charge	Disposition	

16. Have you ever been denied a license, permission to practice dentistry, or permission to take an examination in any state, country, or U.S. federal jurisdiction?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details below:				
State or Country	Date of Denial	Reason for Denial		

17. Have you ever voluntarily surrendered a license to practice dentistry in another state or country?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details below:			
State	Date	Reason	

18. Are you now, or in the past two years, been addicted to controlled substances, such as narcotics or alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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19. Have you ever been convicted of, or plead nolo contendere to a violation of any federal, state, or local law relating to the manufacture, distribution or dispensing of controlled substance or to drug addiction?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details below:			
Violation and Location	Date	Penalty or Disposition	

20. Have you ever been convicted of, or plead nolo contendere to any offense, misdemeanor, or felony in any state, the United States, or a foreign country? (except violations of traffic laws resulting in fines of \$150 or less). Applicants must report on their application for examination any convictions or pleas of nolo contendere irrespective of a subsequent order that expunges the criminal record under the provisions of section 1203.4 of the Penal Code. This section requires that applicants for licensure report any conviction to any state or local licensing agency even if the conviction is dismissed under the provisions of this section. Applicants who answer no to the question, when there is a previous conviction or plea, may have their application denied for knowingly falsifying the application pursuant to section 480(c) of the Business and Professions Code.			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details below:			
Violation and Location	Date	Penalty or Disposition	

21. Executed in _____ on the _____ day of _____, 20____.

I am the applicant for examination for licensure referred to; I have carefully read the questions I the foregoing application and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, my references, employers (past and present), business and professional associates (past and present) and all government agencies an instrumentalities (local, state, federal or foreign) to release to the Dental Board of California any information, files or records requested by the Board in connection with the processing of this application.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DATE

SIGNATURE OF APPLICANT

22. An applicant who signs this application when he is located outside California, shall swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

Subscribed and sworn to before me on this

Signature of Notary

_____ day of _____ 20____ .

Address

(Notary seal)

My commission expires _____
Date

Attach original NATIONAL BOARD FINAL REPORT CARD here

NOTE: Board regulations require two “classifiable” fingerprint cards to complete the application for examination. Candidates will be allowed to participate in the examination pending fingerprint clearance. However, examination results and a dental license, if applicable, will not be issued until the clearance has been received by the Department of Justice and the Federal Bureau of Investigation.

INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals. Agency Name: Dental Board of California, 1432 Howe Avenue, Suite 85, Sacramento CA 95825; Telephone (916) 263-2300. The official responsible for information maintenance is the Executive Officer. The authorization of the maintenance of information is the Business and Professions Code and Pub. L. 94-455 (42 U.S.C.A. 405(c)(2)(C), which authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare & Institutions Code. If you fail to disclose your social security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Failure to provide all or any part of the requested information will result in the application being rejected as incomplete. The principal purpose(s) for which information is to be used is to determine eligibility. Any known or foreseeable interagency or intergovernmental transfer which may be made of the information, when necessary, is to other federal, state, and local law enforcement agencies. Each individual has the right to review the files of records maintained on them by the agency, except for information exempt from disclosure pursuant o Section 6254 of the Government Code or Section 1798.40 of the Civil Code.